

Blank NOTE Form

Non-Occurrence Trackable Event (NOTE)

Hint: Print out a copy of this template before you fill out your draft. The instructions included at the end of the template will assist you in entering the appropriate data in each field.

REMEMBER, HAVE A DERIVATIVE CLASSIFIER (DC)
REVIEW YOUR DOCUMENT PRIOR TO SUBMISSION BY
E-MAIL, FAX (844-3014), OR HARDCOPY.

- Check out the below NOTE definition to determine whether your event meets NOTE reporting criteria.

A non-occurrence, Trackable Event (NOTE) is an event that does not meet DOE criteria for occurrence reporting but has potential for serious adverse ES&H impact and is potentially a precursor event.

A precursor event is a warning signal that, if recognized and understood, may indicate that a serious adverse event is likely to occur in the future. Precursor events point to systemic deficiencies within work processes or controls that could lead to serious adverse incidents. The term excludes isolated events with little or no potential for system-wide impact.

To be considered a non-occurrence trackable event, an event must satisfy two tests; the event must be both potentially serious and potentially significant. A serious event is defined as an event with potential to harm members of the workforce, damage property or the environment, have offsite impact or damage Sandia's reputation. A significant event is defined as a precursor event.

For more information on NOTES, see the complete NOTE Definition web page.

- For Information on a field see the instructions at the end of this template.
 - Please complete all the required fields (those fields above the "optional" line).
 - You may use the tab key or your mouse to navigate within the form. Clicking on the gray areas will activate the pull-down menus.
 - This form is an MS Word document. Save it as you would any other Word file.
 - When you are ready to submit the report, send it to the [Occurrence Reporting Reps](#) via e-mail.
- REMINDER: If you use any other process to submit your NOTE, you must remember to copy all OR Team Members ([Jewelee Lucero](#) and [Chris Tolentino](#)) to ensure your occurrence has been received and gets processed in a timely manner. If you choose to hand carry your info to the OR Rep, please bring it to Bldg 701/1101.**
- You are welcome to contact a Rep at any time at either 845-4727 or 844-5996

Non-Occurrence Trackable Event (NOTE)

Those fields highlighted in **yellow** are required. The remaining **uncolored fields are optional**.

1. Title:

2. Discovery Date/Time: Date: (mm/dd/yy) Time: (hhmm)

3. NOTE Categorization Date/Time: Date: (mm/dd/yy) Time: (hhmm)

4. Event Owner (if different from FM/D):

5. Facility Manager/Designee:

6. Derivative Classifier: (Name printed)

6A. Name (Signature):

7. Classification Date: (mm/dd/yy)

7A. Classification Level: **The classification level must be Unclassified, Unlimited Release.**

8. Incident Number (if related to Incident Commander event):

9. Division:

9A. Level II Manager of Org. Owning the Occurrence:

10. Tech Area:

11. Building:

12. Room Number:

13. Additional Location Description:

14. **Early** Notifications:

Date	Time	Person Notified	Organization
		FR (must be verbal contact, NOT email or voice message) Name:	
		EOC	10337

15. (For Occurrence Management Use Only)

Recurring Event Yes ☐ No ☐

Date determined to be SCR:

16. **Closest Reporting Criteria** (since this is NOT an occurrence; this information will be used for tracking/trending purposes):

GROUP 1. OPERATIONAL EMERGENCIES		
GROUP 2. PERSONNEL SAFETY AND HEALTH		
SUBGROUP A – OCCUPATIONAL	SUBGROUP B – FIRES/EXPLOSIONS	SUBGROUP C – HAZARDOUS

ILLNESS/INJURIES		ENERGY CONTROL
GROUP 3. NUCLEAR SAFETY BASIS		
SUBGROUP A – TECHNICAL SAFETY REQUIREMENT VIOLATIONS	SUBGROUP B – DOCUMENTED SAFETY ANALYSIS INADEQUACIES	SUBGROUP C- NUCLEAR CRITICALLY SAFETY
GROUP 4. FACILITY STATUS		
SUBGROUP A – SAFETY STRUCTURE/SYSTEM/COMPONENT DEGRADATION	SUBGROUP B – OPERATIONS	SUBGROUP C- SUSPECT/COUNTERFEIT AND DEFECTIVE ITEMS OR MATERIAL
GROUP 5. ENVIRONMENTAL		
SUBGROUP A – RELEASES	SUBGROUP B – ECOLOGICAL AND CULTURAL RESOURCES	
GROUP 6. CONTAMINATION/RADIATION CONTROL		
SUBGROUP A – LOSS OF CONTROL OF RADIOACTIVE MATERIALS	SUBGROUP B – SPREAD OF RADIOACTIVE MATERIALS	
SUBGROUP C- RADIATION EXPOSURE	SUBGROUP D- PERSONNEL CONTAMINATION	
GROUP 7. NUCLEAR EXPLOSIVE SAFETY	GROUP 8. TRANSPORTATION	
GROUP 9. NONCOMPLIANCE NOTIFICATIONS	GROUP 10. MANAGEMENT CONCERNS/ISSUES	

17. Event caused by: Sandian ☐ Subcontractor ☐

18. If Subcontractor caused – List company name:

19. Activity Category:

20. Description of Event:

21. Operating Condition:

22. Immediate Actions Taken and Results:

23. ISMS:

24. Cause Codes:

NOTES:

- If selecting a cause code from the Cause Code A3 category, you must select an additional “couplet” cause code.
- Root cause is required for OE, SC 1, and SC R ORs.

Cause Code:

Cause Code:

Cause Code:

If A3, add couplet:

If A3, add couplet:

If A3, add couplet:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

Cause Code:

24A. Causal Analysis Description

25. Corrective Actions

1. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
• Verification of Corrective Action Completion			
Verification of CA Completion Date:		Verified by:	
Verification Records Retained by:		Validation Records Location:	
Verification Description:			
• Validation of Corrective Action Effectiveness			
Validation of CA Effectiveness Date:		Validated by:	
Validation Records Retained by:		Validation Records Location:	
Validation Description:			

2. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
• Verification of Corrective Action Completion			
Verification of CA Completion Date:		Verified by:	
Verification Records Retained by:		Validation Records Location:	
Verification Description:			
• Validation of Corrective Action Effectiveness			
Validation of CA Effectiveness Date:		Validated by:	
Validation Records Retained by:		Validation Records Location:	
Validation Description:			

3. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
• Verification of Corrective Action Completion			
Verification of CA Completion Date:		Verified by:	
Verification Records Retained by:		Validation Records Location:	
Verification Description:			
• Validation of Corrective Action Effectiveness			
Validation of CA Effectiveness Date:		Validated by:	
Validation Records Retained by:		Validation Records Location:	
Validation Description:			

4. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
• Verification of Corrective Action Completion			
Verification of CA Completion Date:		Verified by:	
Verification Records Retained by:		Validation Records Location:	
Verification Description:			
• Validation of Corrective Action Effectiveness			
Validation of CA Effectiveness Date:		Validated by:	
Validation Records Retained by:		Validation Records Location:	
Validation Description:			

5. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
• Verification of Corrective Action Completion			
Verification of CA Completion Date:		Verified by:	
Verification Records Retained by:		Validation Records Location:	
Verification Description:			
• Validation of Corrective Action Effectiveness			
Validation of CA Effectiveness Date:		Validated by:	
Validation Records Retained by:		Validation Records Location:	
Validation Description:			

6. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
• Verification of Corrective Action Completion			
Verification of CA Completion Date:		Verified by:	
Verification Records Retained by:		Validation Records Location:	
Verification Description:			
• Validation of Corrective Action Effectiveness			
Validation of CA Effectiveness Date:		Validated by:	
Validation Records Retained by:		Validation Records Location:	
Validation Description:			

(Submittal of lessons learned is optional)

26. Lesson Learned:

This field should be completed when the final report is submitted. Please complete the following information for your lesson learned.

Title:

Lesson Learned Statement:

Discussion of Activities:

Analysis:

Recommended Actions:

Originator:

Contact:

Priority Descriptor: Red ☐ Yellow ☐ Blue ☐ Green ☐

SNL Hazard Category:

Keywords:

Optional: Photographs or graphics may be included in the e-mail along with the final report submitted to the OR rep.

Any Additional Comments:

Instructions for Filling out a Blank NOTE Report

Those fields highlighted in **yellow** are required. The remaining **uncolored fields are optional**.

FIELD 1 - Subject/Title of NOTE

Enter a brief title or description that best details the nature, cause, and result of the NOTE. The text may not exceed 80 characters in length. The title should indicate the site of the event and if an SNL employee or subcontractor was involved. The title should be brief, descriptive, and able to stand alone without the description information in Field 21.

Examples of a descriptive title:

- Cable Site Conduit Penetration During Excavation near Bldg. 9838
- Magnesium Fire in Bldg. 840

FIELD 2 - Discovery Date/Time

Enter the date and time when the facility staff discovered the event or condition being reported. Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

NOTE:

- Remember the definition of "Discovery" is when an abnormal condition is first observed and the FM/D has sufficient info to evaluate against the occurrence reporting criteria.

FIELD 3 – Categorization Date/Time

Enter the date and time when the Facility Manager/Designee determined that the event or condition constituted a Non-occurrence Trackable Event (NOTE). Information on the NOTE definition may be found at the following [website](#). Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

FIELD 4 - Owner (if different from Facility Manager/Designee)

Enter the name of the person who owns the event if different from the Facility Manager/Designee.

FIELD 5 - Facility Manager/Designee

Enter the name of the Facility Manager or Designee (FM/D) who has direct line responsibility for operation of the facility.

FIELDS 6 - 7A - Derivative Classifier

Field 6: Derivative Classifier Name (Printed) - Enter the name of the Derivative Classifier (DC) who determined that the report and its contents is unclassified.

Field 6A: Derivative Classifier Name (Signature) - The DC should sign the form.

Field 7: Classification Date - The DC should enter the date of his determination.

Field 7A: Classification Level - The DC should enter the level of classification. The classification level of this occurrence must be Unclassified, Unlimited Release.

NOTES:

- The DC's name should be on the SNL Classification Office's list of approved [DCs](#).
- The draft report must be DC'd prior to submission to OR Rep.
- The DC signature (page one of OR template) must be received by the OR Rep prior to e-mailing the OR template to them. Fax (844-3014) or hand carry (Bldg. 701, Room 1101) to the OR Rep.

FIELD 8 - Incident Number

If the event was reported to the Incident Commanders via the non-emergency or emergency phone numbers, you may include the incident report number.

FIELD 9 - Division

Select the division number of the org. owning the event from the pull-down menu.

FIELD 10 - Tech Area

Select the site-specific Tech Area (e.g., Tech Area I, Tech Area II, off-site, etc...) from the pull-down menu that most accurately reflects where the event took place.

FIELD 11 - Building

List the building where the event occurred. This should include events that take place in the outside area near the building(s).

FIELD 12 - Room

List the room where the event occurred.

FIELD 13 - Additional Location Description

If there is additional location information, it may be entered in this field.

FIELD 14 - Early Notifications

Early notification must be made to the DOE FR and to either the SNL emergency or non-emergency phone numbers early on in the process. These calls inform 1) the FR and 2) SSO Duty Office via the SNL EOC that something has happened and that you are still gathering information. The official notification will be made later.

Enter the name(s), organization(s), and dates(s) and time(s) of notification of those people who were contacted. Other entries typically include notification to the Facility Manager/Designee's line management, Center and Division ES&H Coordinators and the OR Rep. You may also include Lockheed Martin notification. Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

FIELD 15 - Recurring Event - This field will be completed by the Occurrence Reporting Performance Analysis Team

FIELD 16 - Closest Reporting Criteria (Formerly Nature of Occurrence)

Use the pull-down menu to select reporting criteria that most closely pertains to the event. (If you determine that an event actually meets a reporting criteria, the Occurrence Reporting process should then be implemented.) Descriptions for the Reporting Criteria may be found on the OM [website](#).

FIELDS 17 - 18 - Event Caused by Sandian/Contractor

Field 17: Select the appropriate box to designate whether a Sandian or a subcontractor caused this occurrence.

Field 18: If it is a subcontractor, enter their company name (e.g., Acme Company) in the appropriate field.

FIELD 19 - Activity Category

Use the pull-down menu to select the activity that best describes the ongoing activity at the time of the occurrence.

FIELD 20 - Description of Event

- Enter a clear, concise, objective description of what happened and what was observed.
- Use active voice rather than passive voice. For example, write, "the electrician severed the conduit" rather than "the conduit was severed."
- Always remember that the typical reader doesn't have a clue about Sandia National Laboratories. The information should be clearly understood by a reader who is unfamiliar with the site and the subject matter.
- The 1st paragraph (Introduction) should always include: date, time, site of the occurrence, whether an SNL employee or subcontractor was involved, and a short descriptive statement. The first sentence should always map clearly to the title and the nature of occurrence.

Example:

"At approximately 09:30, 6/17/2003, Z Facility operations personnel reported an oil spill to the pavement on the west side of Bldg. 983. The spill originated from the storage tank of a mobile oil coalescing unit, which had been in use to reclaim contaminated transformer oil (Shell Diala AX) from secondary containment facilities. Spill volume was initially estimated to be approximately 50 -100 gallons."

- To the extent possible, avoid the use of plant-specific terms and acronyms. When used, such terms should be clearly defined. Acronyms should be spelled out in the initial use.

In following paragraphs, include the following details:

- The method of discovery;
- Any component failures, the failure modes, and duration of failures;
- Any personnel errors involved, including the type and result of the error;
- Any procedure problem encountered;
- The response of any automatic or manual safety system(s) and the signal(s) which initiated and terminated their operation;
- Operator action(s) that affect the course of events;
- The loss of any safety equipment;
- Any illness or injuries;
- Environmental impact.

Additional suggested details to include:

- Data/test results;
- Relevant historical information;
- Potential program/mission impacts;
- Other relevant clarification information to assist the reader.

At the bottom of this field explain why:

1. Why the notification is submitted after the deadline:
 - NOTES - No later than five business days

FIELD 21 - Operating Conditions of Facility at Time of NOTE

Describe the operational status of the facility or equipment at the time of the occurrence including, for example, pertinent temperatures, pressures, or other parameters necessary for evaluation of the occurrence and its consequences. If said information is not applicable, enter either "Normal operations" or "Does not apply."

FIELD 22 - Immediate Actions Taken and Results

Describe the immediate or remedial actions taken to return the facility, system, or equipment item to stable condition; normal service; to correct or alleviate the anomalous condition; and to record the results of those actions. These may include temporary measures to keep the facility in a safe standby condition or to permit continued operation of the facility without compromising safety until a more thorough investigation or permanent solution can be effected.

FIELD 23 - ISMS

Use the pull-down menu to select one or more ISM codes.

Submission of any information below this line is optional

FIELD 24 - Lesson Learned

Include any lesson learned from the event that could be of importance to other facility operators with similar operations or hazards.

Title: Title of the lesson learned.

Lesson Learned Statement: Statement that summarizes the lesson(s) that was learned for the activity.

Discussion of Activities: Brief description of the facts which resulted in the initiation of the lesson learned.

Analysis: Results of any analysis that was performed, if available.

Recommended Actions: A brief description of management-approved actions which were taken, or will be taken, in association with the lesson learned.

Originator: Name of the originating organization and person submitting the lesson learned.

Contact: Name, organization and phone number of individual to contact for additional information.

Priority Descriptor: A descriptive code that assigns a level of significance to the lesson Options Include: Red/Urgent, Yellow/Caution, Blue/Information, Green/Good Work Practice.

SNL Hazard Category: The lesson learned will be posted in the specific hazard areas on the SNL Lessons Learned homepage. Use the pull-down menu to select the hazard category(ies) (may select more than one).

Keywords: Word(s) used to convey related concepts or topics stated in the lesson.

FIELD 25 - Cause Codes

Select the cause code(s) from the [Causal Analysis Tree \(CAT\)](#) that best represents the apparent causes of the event. **If you select A3 (Human Factors) as the Cause Code, you must also select a cause code from one of the other cause nodes (this is known as a couplet).**

FIELD 25A - Description of Cause

- Do not repeat a description of the event, but discuss the results of the causal analysis in the causal description field.
- Discuss the causes of the event including all causes and the corrective actions identified.
- A detailed description of the corrective actions is required to demonstrate that the identified actions will adequately address the cause(s) of the problem.
- Indicate the causal analysis method used on this event. Examples:
 - Systemic Factors
 - Timeline
 - Critique
 - Barrier Analysis
 - Events and Causal Factor Analysis
 - Change Analysis
 - Management Oversight and Risk Tree (MORT)
 - Kepner-Tregoe Problem Solving and Decision Making

FIELD 26 - Corrective Actions

- Enter the Corrective Action Owner's name.
- Enter the owner's department number.
- Include a target completion date that has been negotiated and agreed upon by the owning department. When determining the target completion date, be sure to allow a reasonable amount of time to complete the corrective action.
- List all actions identified to correct the problem that, when completed, will prevent recurrence of the causes identified in Field #26. At the end of the description, list the associated Causal Code(s) in parenthesis. Example:
- Terminology will be updated and clarified in the SOP for maintenance of radiological monitoring equipment. (A1B3C02, A5B2C05)

NOTES:

- There should be a corrective action to satisfy every cause code that was selected. One corrective action may satisfy more than one cause code as shown in above example.
- Corrective actions shall be entered only after agreement by the owning department.

Corrective Action Verification

Verification of completion of corrective actions is optional. See OM [guidance](#). In these related fields, provide:

- The date the verification took place.
- The name of the person verifying that the corrective action has been completed.
- The name of the person retaining the verification report.
- The location where the verification report is being retained.
- Provide comments on the verification. Briefly describe your verification process.

Corrective Action Validation

Validation of the effectiveness of corrective actions is optional. See OM [guidance](#). In these related fields, provide:

- The date the validation took place.
- The name of the person validating that the corrective action has fixed the problems.
- The name of the person retaining the validation report.
- The location where the validation report is being retained.
- Provide comments on the validation. Briefly describe your validation process.

Occurrence Reporting Reps: [Jewelee Lucero](#) and [Chris Tolendino](#) (SNL/NM) and [Terri Crippen](#) (SNL/CA)

For comments on this template, contact Chris Tolendino, cdtolen@sandia.gov

This page belongs to Department 10312

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